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Reproductive Health & Wellness Program, Cincinnati Health Dept**Special Points of Interest:**

- *Hip Hop for Health at UC*
- *Nexplanon: the "3-year-shot"*
- *Silence and Chatter: A year in rape and media*
- *Econ 101: What family planning means for taxpayers*

**HEALTH AND HIP HOP AT UNIVERSITY OF CINCINNATI**

The body shop and the Cincinnati Health Department are proud to collaborate with the University of Cincinnati Department of African Studies and the Charles Phelps Taft Research Center for the upcoming summit, "Health and Hip Hop".

Dr. Jennifer Mooney, Principal Investigator of the Title X grant and director of the body shop, has been invited to speak at the event. Her presentation, "Is 'Sex' a Four Letter Word? Culture and Reproductive Health", will explain program services and goals, but also broach national data about the economic and social burdens of unintended pregnancy and other poor reproductive health outcomes. The direct and indirect consequences of unsafe sex include more STI transmission, more unintended pregnancy, decreased graduation rates, and higher infant mortality. All of this translates to higher healthcare and social service costs to our community.

Still, addressing the topic of sexuality is a highly politicized and controversial issue.

"We don't like to talk about sex - perhaps because there are too many ramifications of this discussion - but ignoring it is not helping," she explains.

She hopes her presentation will convey the complexity of reproductive health, especially in our unique local context. She will touch on the specific roles that economic disparity, race/ethnicity, intimate partner dynamics and school health curriculums play in reproductive health and unintended pregnancy.

The presentation will also showcase new data that shows how patterns of contraceptive preferences follow racial and cultural lines. Despite the effort to remove financial barriers to more effective forms of birth control, black patients are about 50% less likely to select a LARC than their Hispanic or white

peers. Data coordinator Aalap Bommaraju is conducting research for his masters thesis that focuses on this very theme, the sociocultural and individual factors that influence contraceptive preferences within our client population.

Eric Washington will serve on a panel, alongside CHD physicians and faculty members from the department of African Studies, answering student questions about his experience and work in the Men's Health Initiative.

The event will take place in the African American Cultural Resource Center on UC campus from 9:00 am to 1:30 pm on Thursday, April 4. For more information on the event, visit www.artsci.uc.edu/taft or contact the event coordinator, Dr. Edward Wallace, at (513) 556-3841.

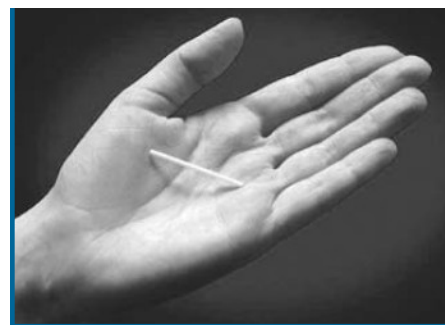
METHOD OF THE MONTH: NEXPLANON, "THE IMPLANT"

The latest generation of hormonal implants, Implanon, made its debut on the market in 2001. It was updated as Nexplanon, with an added a barium sulfate layer for the convenience of being radiopaque. Both versions of the implant are plastic rods the size of a match stick. They are injected subdermally near the bicep using a special applicator. Once implanted, the device releases etonogestrel, a type of progestin hormone, to prevent pregnancy (1).

Because the clinical studies did not include individuals under the age of 18, Merck Pharmaceuticals is not permitted to market the implant to adolescents (2). Clinicians, however, are hoping for high uptake of the implant in adolescents and young women due to its low-maintenance upkeep and ease of insertion. Despite the need for local anesthesia, actual insertion does not require a pelvic exam, which is often a deterrent in younger patients.

Unlike the patch, it has not yet been determined if Nexplanon is equally effective in severely overweight women as in the general population, due to the fact that few overweight individuals were included in the clinical trials (1).

The implant is a true long-acting reversible contraceptive; it is 99% effective in preventing pregnancy in its users for up to three years, but clinical trials showed that pregnancy could occur within a week of implant removal; progestin levels normalized in only 7-14 days after removal (2). As Ebony Hill, NP, describes it to her patients, it's "the Depo shot that lasts 3 years", instead of three months. Like other hormonal contraceptive methods, the implant prevents pregnancy by obstructing ovulation, thickening cervical mucus to impede sperm, and altering uterine lining to prevent implantation. Unlike other



common hormonal methods, however, the implant does not contain estrogen.

The absence of estrogen may be a plus for some, but may also have a hand in the most common side effect of Nexplanon: Spotting or breakthrough bleeding (3). In clinical trials, changes in menstrual bleeding patterns prompted 11% of participants to discontinue use of the implant; it was the most common reason (2).

The RHWP began offering Nexplanon in August of 2012 and had inserted 50 devices as of February 2013.

#RAPE: THE LAW, THE BLAME, AND PUBLIC HEALTH INTERVENTION

“So were you keeping your belongings in sight? Did you wave your smartphone around and tempt all the thieves? Have you ever given a smartphone away to anyone else before? Are you sure you didn’t really want to give the young crackhead your smartphone?”

-Comedian Julia Bond, on reporting theft versus rape

If all cultures, societies, and political parties agree that rape is wrong, how do we explain the extreme controversy and politicization of “rape”, especially over the last year? Todd Akin’s presumptuous remarks about “legitimate rape” and pregnancy, although intended to address abortion, exploded into a larger debate on gender, pseudoscience, and definitions of rape, revealing the archaic notions that still dominate mainstream opinion. On the heels of Akin’s comments, accounts of sexual assault on prestigious college campuses—Angie Epifano of Amherst College, and Landen Gambill of UNC—went viral, resulting in a push for outside legal intervention on campuses to avoid mismanagement of sexual assault cases (1,2). It also undermined our very perceptions of rape: “it happens here” became the slogan of many student solidarity movements, as many realized that “legitimate rape” can happen in dorm rooms at the hands of promising young men.

The media attention has shed light on very concrete issues. Not only does each politician and college administration have a different definition of rape and appropriate consequent action, but so does each individual state. The FBI’s definition, which is used to collect information from local law enforcement agencies, was revised last year for the first time since 1927: “The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.” The previous definition was limited only to vaginal rape. The new one, which hopes to guide local laws, expands this definition and includes reference to consent, which is unable to be given if the victim is impaired (3).

In light of this legislation, the Steubenville case involving two high-school football stars should have been clean cut: Tweets, YouTube videos, and texts were all used to draw a very neat chronology of events and list of players. The guilty verdict was still met with sympathy, disappointment, and a number of unsavory tweets, including the announcement from a Dayton-area DJ that “if you’re drunk/slutty at a party and embarrassed later, just say you got raped!” (4). One student witness said he did not intervene because he “didn’t know” it was rape. Despite the progress made in legal definitions of rape, the law is still at the mercy of a pervasive culture of rape. It is a culture that shapes all of us: law enforcement, lawyers,

communities, only 2-8% of the reported cases were fabricated (5). As part of the same study, surveyed individuals believed that half of all rape allegations were false.

Julia Bond, a comedian, sex counselor and blogger, explains that rape holds a special set of societal rules and doubts; women are specifically warned against rape, just as New York subway commuters are warned against theft, but “the difference here though is that if you get robbed and you call the police, they don’t ask you, ‘So were you keeping your belongings in sight at all times? Did you wave your smartphone around and tempt all the thieves? Have you ever given a smartphone away to anyone else before? Are you sure you didn’t really want to give the young crackhead your smartphone?’” (6).

Sexual liberation is too often used as an instrument to shame victims into taking responsibility for their own assault. In all accusations of sexual assault, which are predominantly women accusing men, we as a society suspect fanfare. We see a Mayella Ewell.

Sexual assault does not just fall into the realm of public health because it is a violent crime, or because of the estimated 32,000 unintended pregnancies it causes yearly (7), or because survivors of all genders are at risk for future health problems such as substance abuse and PTSD (8). It is a public health problem also because it is the pinnacle of a dynamic that compromises reproductive health for all.

And, despite the legal quagmires of sexual assault, there are very tangible ways to undermine rape culture and prevent sexual assault.

In the words of political analyst and rape survivor Zerlina Maxwell, “the whole conversation is wrong”. Instead of telling just women how to avoid rape, we should “prevent rape by teaching men not to rape” (9).

Despite receiving death threats for suggesting this on primetime, such campaigns already exist, and have seen success. “My strength is not for hurting” in California (Mystrength.org) showcases messages such as “So when she said no, I said, okay”. This

jurors, perpetrators, and bystanders. The only rigorous study on false rape allegations to date found that across eight assorted

constitutes a revision to our definitions of masculinity when it comes to sex, an exemplification of compassion and dialogue. Similarly, when the city of Edmonton saw that over half of their sexual assaults involved heterosexual young men, alcohol, and misjudgment of consent, they launched their aggressive media campaign “Don’t be that guy”. Vancouver has seen a 10% decline reported cases of sexual assault since its own implementation of the graphic, pointed posters in bars and clubs (10,11). The body shop’s own Men’s Health Initiative addresses consent, dialogue, and intimate partner dynamics in its educational modules.

“Speak About It”, a campaign based in Portland, Maine, goes even further. It is a skit that uses scenarios and true monologues about the “good, bad and ugly” of sexual encounters to teach about consent and promote a culture of active bystanders. Its creator, Shana Natelson, describes it as a “social toolbox” for college students: How do you ask? How do you intervene? How do you make that cool? College deans and students in the audience from Harvard to Bates have praised the program’s ability to balance humor, sensitivity, and authenticity.

The body shop applauds these campaigns and other allies in the continuous fight to promote healthy, positive, sexual relationships and combat sexual violence. Check them out and spread the word!



Take Note:
Vancouver saw a 10% decline in sexual assault after implementing this ad campaign

JUST BECAUSE SHE ISN'T SAYING NO...

DOESN'T MEAN SHE'S SAYING YES.

sex without consent = sexual assault

DON'T BE THAT GUY.

vpd.ca

FRESH FROM THE BODYSHOP

VOLUME I ISSUE 3

Name: Martha Walter

Hometown: Cincinnati

Favorite book: *Little Women*, by Louisa May Alcott. I read it when I was too young to understand the depth of the story, but I think it had a real effect on the person that I thought I wanted to be when I “grew up.” I usually end up re-reading it once a year, but the depth of the story and its characters will always keep me coming back. I’m drawn to the strong and complex women that she introduces, and the joy that they are able to find in the simplest things. Each character fights back against what society dictates is acceptable behavior, and is happier because of it. Inherent goodness and individualism are key themes in the book, and those seem to be getting harder and harder to find in literature these days.

What do you do at the body shop?

I am the Administrative Coordinator for the body shop. I try my best to make sure that the body shop fits into the existing framework within CHD and the City system. I initiate contracts, order supplies, work with our community partners to make sure they are compliant with grant policy, and work with pharmaceutical companies to ensure that the highly effective and always developing methods of contraception are available to the body shop clients. The team recently received a small grant to buy iPads to use with bed-sider.org in our clinics. The grant also includ-

TEAM MEMBER SPOTLIGHT: MEET MARTHA!

“I love that I get to work in a field that is always changing, always controversial, always relevant.”

ed funds for client incentive materials, so I have been working with City Printing to create items that people would be interested in using. We assembled goody bags last week that include things like a compact mirror, travel size toiletries, and cute travel toothbrushes with the body shop logo printed on the side. These will be given to patients who come to the clinics for their scheduled visits to get them as excited about the program as we are, and to thank them for their support. I’ve been working on the logistics of all of this for the past few weeks. That’s just an example, but I’m (slowly) getting better at navigating the City systems!

What do you love about working in reproductive health? I love that I get to work in a field that is always changing, always controversial, and always relevant. I studied international affairs at UC, with a specialty in human rights.

The topic of reproductive rights is something that has always been important to me, but the connection between basic human rights and reproductive health rights became so much more prevalent when I saw firsthand how many women in Cincinnati didn’t have access to the basic care that I have always taken for granted. I



love that I’ve found a tangible way to work on what I am passionate about. I have learned so much about everything that goes into providing care, developing a program that functions well, and the science behind how these new products work. I feel like I learn something new almost every day, and I know how lucky I am to be in a field that allows me that luxury.

When you’re not at the body shop, where might we find you? I live in OTR, and there is so much going on around here! My apartment is right across the street from my parent’s first home, so I love being around my neighborhood. I love going down to restaurants and bars near Washington Park with friends. On a lazy day, I am usually on the couch with my cat, Professor Bhaer. (I hope someone else has read *Little Women* and understands the name reference!) Aalap and Jenny are the data nerds, and I am the literature nerd :)

MAN TO MAN: MEN’S HEALTH INITIATIVE UPDATE

Interested in the Men’s Health Initiative for your organization?

Contact the program coordinator:
eric.washington@cincinnati-oh.gov

Program coordinator Eric Washington has begun collaboration with the administration and school health staff at the Western Hills High School and Dater High School campus in Price Hill to create a May pilot for its 7th and 8th graders. School administrators hope that the MHI education program can be implemented

on a larger scale beginning in fall 2013. The body shop is exploring options to publish about the development and implementation of our MHI modules. We hope to contribute our local experience to the expanding national dialogue about comprehensive teen pregnancy prevention programs and culturally-relevant public health interventions.

CORNER FOR THE CAUSE

April 1-7th will be celebrated in health departments and organizations across the country as National Public Health Week. Festivities this year will focus on the concept of Return on Investment (ROI), emphasizing that investing in public health programming and preventative healthcare saves both human capital and tangible tax dollars. The Reproductive Health and Wellness Program understands the importance of return on investment, especially for family planning. As Dr. Mooney often explains in presentations, unintended pregnancies in the U.S. currently cost Medicaid \$11 billion each year.

A study in 2012 by the Brookings Center on Children and Families estimated that by spending \$145 million on evidence-based, comprehensive teen pregnancy prevention programs—such as our Men’s Health Initiative—the return will be \$356 million to taxpayers (1). The same model predicted that increased access to contraception, as intended by the Medicaid family planning expansion in the 2010 ACA, would return \$1.32 billion on an investment of only \$235 million in direct services (1). The underlying concept: Avoiding unintended pregnancies saves money for everyone. The body shop will celebrate the occasion by beginning distribution of our custom goody bags to clients. Look for information on the RHWP and other money-saving health programs at City Hall, www.nphw.org, and the CHD website.

FOR INFORMATION ON APRIL AS SEXUAL ASSAULT AWARENESS MONTH, SEE PAGE 2 AND VISIT [HTTP://WWW.NSVRC.ORG/SAAM](http://www.nsvrc.org/saam)



Public Health is ROI
Save Lives, Save Money
National Public Health Week
April 1-7, 2013 • www.nphw.org



REPRODUCTIVE HEALTH & WELLNESS PROGRAM, CINCINNATI HEALTH DEPT

Reproductive Health Suite
Clement Health Center
Cincinnati Health Department
3101 Burnet Avenue
Cincinnati, OH 45229

RHWP Hotline:
513-357-7341

Appointment scheduling through the CHD Call Center:
513-357-7320

The Reproductive Health and Wellness Program (RWHP) or the body shop, is a five-year grant awarded by the Ohio Department of Health to the Cincinnati Health Department and is funded by the federal Title X program. The primary objective of this program is to provide access to contraceptives and reproductive health services to the men and women of Hamilton County, especially to the most underserved populations, so as to reduce the number of unplanned pregnancies, unwanted pregnancies, and ultimately, the number of poor pregnancy outcomes. Through these direct services, education and outreach, the program also hopes to cultivate a culture of responsibility, well-being, and empowerment in regards to sexuality and reproductive health. To date, we've enrolled more than 1,000 unique individuals, and continue to grow, learn, and serve.

For additional information regarding the project, please contact Dr. Jennifer Mooney at:

jennifer.mooney@cincinnati-oh.gov



Leprechaun season may have passed, but the body shop received a shipment of gold!

Clients and focus group participants expressed a preference for Trojan brand condoms, which are now being distributed sparingly along with One brand condoms to clients during office visits and inside group bags.

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